

# Mental Health Support During and After a Flu Pandemic

## Why is mental health support important for people during and after a flu pandemic?

- A flu pandemic (a worldwide outbreak of flu) is outside the range of day to day experience and will be upsetting for people.
- A flu pandemic can upset daily routines. Children may be out of school and confined to their homes for extended periods. Adults may not be able to work due to workplace closures or sickness. In a worst case scenario, a family member or friend may die.
- Children are especially vulnerable because they have less capacity to calm and reassure themselves in stressful situations.
- Providing mental support to family members or friends can help them cope with disasters and prevent long term emotional or psychological problems.
- Below are some typical ways that children and adults may react to a flu pandemic along with suggested intervention strategies that all of us can use to help our family and friends.

Ages 1-5: What reactions would I most likely see?	
<i>Emotional reactions</i> <ul style="list-style-type: none"> <li>• Irritability • Anxiety</li> <li>• Fear</li> <li>• Angry outbursts</li> <li>• Sadness</li> <li>• Withdrawal</li> </ul>	<i>Physical reactions</i> <ul style="list-style-type: none"> <li>• Loss of appetite</li> <li>• Stomach aches</li> <li>• Nausea</li> <li>• Sleep problems, nightmares</li> </ul>
<i>Behavioral reactions</i> <ul style="list-style-type: none"> <li>• Resumption of bed-wetting, thumb sucking, clinging to parents</li> <li>• Fear of the dark</li> <li>• Avoidance of sleeping alone</li> <li>• Increased crying</li> </ul>	<ul style="list-style-type: none"> <li>• Speech difficulties</li> <li>• Tics</li> </ul>
What can I do to help?	
<ul style="list-style-type: none"> <li>• Encourage expression regarding losses</li> <li>• Provide predictable bedtime routines</li> <li>• Avoid unnecessary separations</li> <li>• Permit the child to sleep in parents' room temporarily</li> <li>• Monitor media exposure to disaster trauma</li> <li>• Encourage expression through play activities</li> </ul>	

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## **Ages 6-11: What reactions would I most likely see?**

### *Emotional reactions*

- School avoidance
- Withdrawal from friends, familiar activities
- Angry outbursts
- Obsessive preoccupation with disaster, safety

### *Behavioral reactions*

- Decline in school performance
- Aggressive behavior at home or school
- Hyperactive or silly behavior
- Whining, clinging, acting like a younger child
- Increased competition with younger siblings for parents' attention

### *Physical reactions*

- Loss of appetite
- Stomach aches
- Nausea
- Sleep problems, nightmares
- Speech difficulties
- Tics

## **What can I do to help?**

- Give additional attention and consideration
- Relax expectations of performance at home and at school temporarily
- Set gentle but firm limits for acting out behavior
- Provide structured but undemanding home chores and activities
- Encourage verbal and play expression of thoughts and feelings
- Involve the child in preparation of family emergency kit, home drills
- Rehearse safety measures for future disasters

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## **Ages 12-18: What reactions would I most likely see?**

### *Emotional reactions*

- Loss of interest in peer social activities, hobbies, recreation
- Sadness or depression
- Resistance to authority
- Feelings of inadequacy and helplessness

### *Behavioral reactions*

- Decline in academic performance
- Rebellion at home or school
- Decline in previous responsible behavior
- Agitation or decrease in energy level, apathy
- Delinquent behavior • Social withdrawal

### *Physical reactions*

- Loss of appetite
- Headaches
- Gastrointestinal problems
- Sleep disorders
- Skin eruptions
- Complaints of vague aches and pains

## **What can I do to help?**

- Give additional attention and consideration
- Relax expectations of performance at home and at school temporarily
- Encourage discussion of disaster experiences with peers, significant adults
- Avoid insistence on discussion of feelings with parents
- Encourage physical activities
- Rehearse family safety measures for future disasters
- Encourage resumption of social activities, athletics, clubs etc.
- Encourage participation in community rehabilitation and reclamation work

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## Adults: What reactions would I most likely see?

### *Emotional reactions*

- Depression, sadness
- Irritability, anger
- Anxiety, fear
- Despair, hopelessness
- Guilt, self doubt
- Mood swings

### *Behavioral reactions*

- Sleep problems
- Avoidance of reminders
- Excessive activity level
- Crying easily
- Increased conflicts with family
- Hypervigilance
- Isolation, withdrawal

### *Physical reactions*

- Fatigue, exhaustion
- Gastrointestinal distress
- Appetite change
- Somatic complaints
- Worsening of chronic conditions

## What can I do to help?

- Provide supportive listening and opportunity to talk in detail about disaster experiences
- Assist with prioritizing and problem solving
- Offer assistance for family members to facilitate communication and effective functioning
- Assess and refer when indicated
- Provide information on disaster stress and coping, children's reactions and families
- Provide information on referral resources

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## Older Adults: What reactions would I most likely see?

### *Emotional reactions*

- Depression
- Despair about losses
- Apathy
- Confusion, disorientation
- Suspicion
- Agitation, anger
- Fears of institutionalization

### *Behavioral reactions*

- Withdrawal and isolation
- Reluctance to leave home
- Mobility limitations
- Relocation adjustment problems

### *Physical reactions*

- Worsening of chronic illnesses
- Sleep disorders
- Memory problems
- More susceptible to hypo and hyperthermia
- Physical and sensory limitations (sight, hearing) interfere with recovery

## What can I do to help?

- Provide strong and persistent verbal assurance
- Provide orienting information
- Use multiple assessment methods as problems may be under reported
- Assist in obtaining medical and financial assistance
- Assist in reestablishing familial and social contacts
- Give special attention to suitable residential relocation
- Encourage discussion of disaster losses and expression of emotions
- Provide and facilitate referrals for disaster assistance
- Engage providers of transportation, chore services, meal programs, home health, and home visits as needed

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When should someone be referred to mental health services?

- If you notice any of the following more serious mental health problems in your family member or friend, call the person's primary care doctor or the crisis line right away.
- **Disorientation** – dazed, memory loss, inability to give date or time, state where he or she is, recall events of the past 24 hours or understand what is happening.
  - **Depression** – pervasive feelings of hopelessness and despair, unshakable feelings of worthlessness and inadequacy, withdrawal from others, inability to engage in productive activity.
  - **Anxiety** – constantly on edge, restless, agitated, inability to sleep, frequent frightening nightmares, flashbacks and intrusive thoughts, obsessive fears of another disaster, thinking all the time about the disaster.
  - **Mental illness** – hearing voices, seeing visions, delusional thinking, excessive preoccupation with an idea or thought, pronounced pressure of speech.

Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. Field Manual for Mental Health and Human Service Workers in Major Disasters.